DO NOT WRITE ON THIS STUB DO NOT WRITE ON THIS STUB I. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) c. STATE MISSOURI. c. COUNTY c. STATE MISSOURI. b. COUNTY c. STATE MISSOURI. b. COUNTY c. STATE MISSOURI. c. CITY MIS
1. PLACE OF DEATH 1. 1962
COUNTY C
1 1 2 2 3 3 2 3 3 2 3 3
ADDRESS 1388 Maryland, Ave. Yes No. No
ADDRESS 1388 Maryland, Ave. Yes No. No
Section of the control of the state of service Section of the state Section
Edward Elmer Ridgeway DEATH June 11, 1962 5. SEX 6. COLOR OR RACE Widowed Never Married Solver Married Solver Married Solver Married Solver Months Days Hours Name Of Widowed Never Married Solver Months Days Hours Name Of Work done during most of working life, even if retired Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY OF Water Dept St. Louis, Missouri U.S.A. 13a. FATHER'S NAME Charles Frank Ridgeway Mary Crouther Marguerite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? In SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If ye, give war or date of service Yes) We ff 1 Social SECURITY NO. 18. CAUSE OF DEATH (Enter only une cause per line PART 1. DEATH WAS CAUSE DE YES) 18. CAUSE OF DEATH (Enter only une cause per line PART 1. DEATH WAS CAUSE DE YES) 19. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
Edward Elmer Ridgeway DEATH June 11, 1962 5. SEX 6. COLOR OR RACE Widowed Never Married Solver Married Solver Married Solver Married Solver Months Days Hours Name Of Widowed Never Married Solver Months Days Hours Name Of Work done during most of working life, even if retired Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY OF Water Dept St. Louis, Missouri U.S.A. 13a. FATHER'S NAME Charles Frank Ridgeway Mary Crouther Marguerite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? In SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If ye, give war or date of service Yes) We ff 1 Social SECURITY NO. 18. CAUSE OF DEATH (Enter only une cause per line PART 1. DEATH WAS CAUSE DE YES) 18. CAUSE OF DEATH (Enter only une cause per line PART 1. DEATH WAS CAUSE DE YES) 19. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
Male White Divorced 12/8/1892 69 Months Days Hours
Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician City Water Dept. St. Louis, Missouri. U.S.A. 13a. FATHER'S NAME Charles Frank Ridgeway Mary Crouther Marguerite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only une cause per line) IMMEDIATE CAUSE (a) Marguerite Ridgeway, U.388 Maryland, Av IMMEDIATE CAUSE (a)
during most of working life, even, if retired) Retired Electrician City Water Dept. St. Louis, Missouri. U.S.A. 13a. FATHER'S NAME Charles Frank Ridgeway Mary Crouther Marguerite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of Unknown) (If yes, pive war or dates of service Yes), no, of Unknown) (If yes, pive war or dates of service Yes) 18. CAUSE OF DEATH (Enter only une cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service 10 Marguerite Ridgeway, 1388 Maryland, Av 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service 10 Marguerite Ridgeway, 1388 Maryland, Av INTERVAL BETT ONSET AND DEATH WAS CAUSED BY:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service 10 Marguerite Ridgeway, 1388 Maryland, Av 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service 10 Marguerite Ridgeway, 1388 Maryland, Av INTERVAL BETT ONSET AND DEATH WAS CAUSED BY:
Yes W. W. # I Marguerite Ridgeway, 4388 Maryland, Av
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11 CO DE IMMEDIATE CAUSE (a) CAUSE (a)
129/- 0 to to
13 F Stating the underlying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was femal disease condition given in PART I (a)
YES NO UNIT YES NO
ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY ST/
21. I attended the deceased from 5-25-195 to 6-14-52 and last saw him stive on 6-9-52
21. I attended the deceased from
NOT WHILE AT WORK 21. I attended the deceased from
23a, BURIAL, CREMATION, J. 23b. DATE (25c. NAME OF CEMETERY OR CREMATORY J. 23d. LOCATION (City, town, or county) (State)
Albert H. Hoppe Ins., 4700 Washington, Blvd. 6/16/62 Co. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the be	ody whose name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal superv	signed Is wwilkinson
StudentSignature of Studen	
	P. O. Address At Louis Mic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.